

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: EPSDT Clinics
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-26 MAA

Issued: June 1, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-31 MAA
01-64 MAA

Subject: Update to the RBRVS* and Vendor Rate Increase for EPSDT Clinics

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Additions to the Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes; and
- A legislatively appropriated one and one-half (1.5) percent vendor rate increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs, MAA maintained overall budget neutrality. The funding in the 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

Immunization Modifier Change

Effective for dates of service on and after July 1, 2002, **state-unique modifier –1H** (immunization materials received from the Department of Health) **is discontinued**. Providers must bill immunization materials received from the Department of Health **using the new HCPCS modifier –SL** (state supplied vaccine).

Attached are replacement pages E.3-E.10 for MAA's EPSDT Billing Instructions, dated July 2001. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

*RBRVS stands for Resource-Based Relative Value Scale

Third party liability

You must bill the insurance carrier(s) indicated on the client's MAID card. An insurance carrier's time limit for claim submissions may be different than MAA's. It is your responsibility to meet the insurance carrier's requirements relating to billing time limits, as well as MAA's, prior to any payment by MAA.

You must meet MAA's 365-day billing time limit even if you haven't received notification of action from the insurance carrier. If your claim is denied due to any existing third-party liability, refer to the corresponding *MAA Remittance and Status Report* for insurance information appropriate for the date of service.

If you receive an insurance payment and the carrier pays you less than the maximum amount allowed by MAA, or if you have reason to believe that MAA may make an additional payment:

- Submit a completed claim form to MAA; and
- Attach the insurance carrier's statement.

If you are rebilling, also attach a copy of the *MAA Remittance and Status Report* showing the previous denial.

If you are rebilling electronically, list the Internal Control Number (ICN) of the previous denial in the **Comments** field of the Electronic Media Claim (EMC).

Third-party carrier codes are available via the Internet at <http://maa.dshs.wa.gov> or by calling the Coordination of Benefits Section at 1-800-562-6136.

Fee Schedule

EPSDT Screenings

Note: Make certain the procedure code you use corresponds correctly to the age of the child receiving the EPSDT services.

Use the PIC of either parent for a newborn if the baby has not yet been issued a PIC. Enter indicator **B** in *field 19* of the HCFA-1500 claim form to indicate that the baby is using a parent's PIC. When using a parent's PIC for twins or triplets, etc., identify each baby separately (i.e., twin A, twin B) using a *separate HCFA-1500 claim form* for each. **Note: The parents' Healthy Options Plan is responsible for providing medical coverage for the newborn.**

Foster Care Children: Effective for claims with dates of service on and after November 1, 2001 through June 30, 2003, MAA will reimburse appropriate providers an enhanced, flat fee of \$120.00 per EPSDT screen for foster care children. This applies to CPT™ codes 99381-99385 and 99391-99395 only. To receive the enhanced rate, providers must include modifier 21 in field 24D on the HCFA-1500 claim form to identify the child as a foster care child.

Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT procedure code descriptions. To view the full descriptions, refer to your current CPT book.

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee		
		Non-Facility Setting	Facility Setting	Foster Care
New Patient				
99381	Prev visit, new, infant	\$59.39	\$36.90	\$120.00
99382	Prev visit, new, age 1-4	\$68.60	\$44.95	\$120.00
99383	Prev visit, new, age 5-11	\$77.82	\$52.06	\$120.00
99384	Prev visit new, age 12-17	\$82.41	\$57.31	\$120.00
99385	Prev visit, new, age 18-20	\$87.01	\$60.52	\$120.00
Established Patient				
99391	Prev visit, est. infant	\$46.03	\$33.37	\$120.00
99392	Prev visit, est, age 1-4	\$55.25	\$40.40	\$120.00
99393	Prev visit, est, age 5-11	\$63.99	\$45.04	\$120.00
99394	Prev visit, est, age 12-17	\$68.60	\$50.19	\$120.00
99395	Prev visit, est, age 18-20	\$73.21	\$54.26	\$120.00

The appropriate diagnosis code is required when billing the above EPSDT screening CPT codes 99381-99395.

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Billing/Fee Schedule

Interperiodic Screening: Interperiodic screening (or interim screening) is used to rule out suspected health problems if regular screening(s) have already been conducted for the year. Also, when an immunization(s) is the only service performed, an interperiodic screening may be billed.

State Unique Procedure Code	Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
0252M	Interperiodic Screening (ages 0 through 20)	\$18.70	\$18.70

Physicians, Advanced Registered Nurse Practitioners (ARNPs), and Physician Assistants (using physician's provider number) may bill an appropriate office visit code for the interperiodic screening.

Laboratory Services

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
36415	Drawing blood	\$2.45	\$2.45
81000	Urinalysis, nonauto w/scope	\$3.14	\$3.14
81001	Urinalysis, auto w/scope	\$3.14	\$3.14
81002	Urinalysis, nonauto w/o scope	\$2.55	\$2.55
81003	Urinalysis, auto, w/o scope	\$2.23	\$2.23
81005	Urinalysis	\$2.16	\$2.16
81007	Urine screen for bacteria	\$2.55	\$2.55
81015	Microscopic exam of urine	\$3.02	\$3.02
81025	Urine pregnancy test	\$3.73	\$3.73
81050	Urinalysis, volume measure	\$2.98	\$2.98
81099	Urinalysis test procedure	B.R.	B.R.
82135	Assay, aminolevulinic acid	\$16.36	\$16.36
83655	Assay of lead	\$12.02	\$12.02
84035	Assay of phenylketones	\$2.09	\$2.09
84202	Assay RBC protoporphyrin	\$14.26	\$14.26
84203	Test RBC protoporphyrin	\$8.55	\$8.55
85013	Hematocrit	\$2.35	\$2.35
85014	Hematocrit	\$2.35	\$2.35
85018	Hemoglobin	\$2.35	\$2.35
86580	TB intradermal test	\$5.92	\$5.92
86585	TB tine test	\$4.55	\$4.55

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Billing/Fee Schedule

Immunizations

The following procedure codes must be used to bill for the administration of immunizations:

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
90471	Immunization admin	\$5.00	\$5.00
90472	Immunization admin, each add	\$3.00	\$3.00

Immunizations for EPSDT are usually given in conjunction with a screening or interperiodic screening. Do not bill an Evaluation and Management (E&M) code unless there is a separate, identifiable diagnosis that is different from the immunization.

- MAA will reimburse an administration fee (up to \$5.00) for vaccines available through the state's Universal Vaccine Distribution program and the Federal Vaccines for Children program for children 18 years of age and under. When immunization materials are received from the Department of Health, you must bill the appropriate procedure code with **modifier -SL** (e.g., 90700-SL). **In the following list, the procedure codes that are shaded identify these vaccines. Do not bill CPT codes 90471 and 90472.**
- Do not bill with modifier -SL for any of the procedure codes listed on the following page if the client is 19 through 20 years of age, or if the procedure code is NOT shaded.
- Bill 90471 and 90472 with the vaccine or toxoid procedure code.
- Do not bill administration codes 90471 and 90472:
 - ✓ As multiple units; or
 - ✓ More than once per day, per client.
- Bill only CPT code 90471 when administering one vaccine. Bill both CPT codes 90471 and 90472 with one unit per code when administering more than one vaccine. MAA will reimburse a maximum of \$8.00 when:
 - ✓ more than one vaccine is administered; and,
 - ✓ both CPT codes 90471 and 90472 are billed; and,
 - ✓ those vaccines are not available through the Universal Vaccine Distribution Program or Federal Vaccines for Children Program.
- When an immunization is the only service performed, an interperiodic screen (0252M) may be billed.
- Reimbursement rates for immunization materials include federal excise tax.

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Billing/Fee Schedule

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
90476	Adenovirus vaccine, type 4	N.C.	N.C.
90477	Adenovirus vaccine , type 7	N.C.	N.C.
90581	Anthrax vaccine, sc	N.C.	N.C.
90585	Bcg vaccine, percut	\$163.60	\$163.60
90586	Bcg vaccine, intravesical	\$163.60	\$163.60
90632	Hep a vaccine, adult im	\$58.30	\$58.30
90633	Hep a vacc, ped/adol, 2 dose	\$31.98	\$31.98
90634	Hep a vacc, ped/adol, 3 dose	N.C.	N.C.
90636	Hep a/hep b vacc, adult im	\$85.95	\$85.95
90645	Hib vaccine, hboc, im	\$25.26	\$25.26
90646	Hib vaccine, prp-d, im	\$21.41	\$21.41
90647	Hib vaccine, prp-omp, im	\$18.49	\$18.49
90648	Hib vaccine, prp-t, im	\$24.23	\$24.23
90657	Flu vaccine, 6-35 mo, im	\$3.02	\$3.02
90658	Flu vaccine, 3 yrs, im	\$4.70	\$4.70
90659	Flu vaccine, whole, im	\$3.02	\$3.02
90660	Flu vaccine, nasal	N.C.	N.C.
90665	Lyme disease vaccine, im	\$57.25	\$57.25
90669	Pneumococcal vacc, ped<5	\$64.53	\$64.53
90675	Rabies vaccine, im	\$138.76	\$138.76
90676	Rabies vaccine, id	\$80.66	\$80.66
90680	Rotovirus vace, oral	N.C.	N.C.
90690	Typhoid vaccine, oral	\$8.57	\$8.57
90691	Typhoid vaccine, im	\$42.44	\$42.44
90692	Typhoid vaccine, h-p, sc/id	\$1.05	\$1.05
90693	Typhoid vaccine, akd, sc	N.C.	N.C.
90700	Dtap vaccine, im	\$17.69	\$17.69
90701	Dtp vaccine, im	\$12.90	\$12.90
90702	Dt vaccine <7, im	\$3.38	\$3.38
90703	Tetanus vaccine, im	\$2.70	\$2.70
90704	Mumps vaccine, sc	\$18.59	\$18.59
90705	Measles vaccine, sc	\$16.12	\$16.12
90706	Rubella vaccine, sc	\$16.89	\$16.89
90707	Mmr vaccine, sc	\$38.96	\$38.96
90708	Measles-rubella vaccine, sc	\$22.57	\$22.57
90709	Rubella & mumpsvaccine, sc	\$23.75	\$23.75
90710	Mmr vaccine, sc	N.C.	N.C.
90712	Oral poliovirus vaccine	\$18.20	\$18.20
90713	Poliovirus, ipv, sc	\$18.47	\$18.47

N.C. – Not Covered

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Billing/Fee Schedule

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
90716	Chicken pox vaccine, sc	\$61.01	\$61.01
90717	Yellow fever vaccine, sc	\$67.26	\$67.26
90718	Td vaccine >7, im	\$6.76	\$6.76
90719	Diphtheria vaccine, im	N.C.	N.C.
90720	Dtp/hib vaccine, im	\$32.80	\$32.80
90721	Dtp/hib vaccine, im	N.C.	N.C.
90725	Cholera vaccine, injectable	\$2.88	\$2.88
90732	Pneumococcal vacc, adult/ill	\$25.49	\$25.49
90733	Meningococcal vaccine, sc	\$71.50	\$71.50
90735	Encephalitis vaccine, sc	\$43.03	\$43.03
90740	Hepb vacc, ill pat 3 dose im	\$184.72	\$184.72
90743	Heb b vacc, adol, 2 dose, im	\$66.42	\$66.42
90744	Hepb vacc ped/adol 3 dose, im	\$27.13	\$27.13
90746	Hep b vaccine, adult, im	\$65.76	\$65.76
90747	Hepb vacc, ill pat 4 dose, im	\$184.72	\$184.72
90748	Heb b/hib vaccine, im	\$47.62	\$47.62
90749	Vaccine toxoid	B.R.	B.R.

Injectable Drugs (J-Codes)

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee
J0850	Cytomegalovirus imm IV /vial	\$598.15
J1460	Gamma globulin 1 CC inj	\$1.60
J1470	Gamma globulin 2 CC inj	\$3.20
J1480	Gamma globulin 3 CC inj	\$4.81
J1490	Gamma globulin 4 CC inj	\$6.41
J1500	Gamma globulin 5 CC inj	\$8.01
J1510	Gamma globulin 6 CC inj	\$9.61
J1520	Gamma globulin 7 CC inj	\$11.21
J1530	Gamma globulin 8 CC inj	\$12.82
J1540	Gamma globulin 9 CC inj	\$14.42
J1550	Gamma globulin 10 CC inj	\$16.02
J1560	Gamma globulin > 10 CC inj	\$16.02
J1561	Immune globulin 500 mg	\$40.05
J1563	IV immune globulin	\$71.20
J1565	RSV-ivig	\$15.30
J1670	Tetanus immune globulin inj	\$106.80
J2790	Rho d immune globulin inj	\$112.27
J2792	Rho(D) immune globulin h, sd	\$21.07

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N.C. – Not Covered

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Billing/Fee Schedule

Administration of Immune Globulins

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
90780	IV infusion therapy, 1 hour	\$25.48	\$25.48
90781	IV infusion, additional hour	\$12.74	\$12.74
90782	Injection, sc, im	\$2.50	\$2.50
90783	Injection, ia	\$9.33	\$9.33
90784	Injection, iv	\$10.92	\$10.92

Immune Globulins

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
90281	Human ig, im	N.C.	N.C.
90283	Human ig, iv	N.C.	N.C.
90287	Botulinum antitoxin	N.C.	N.C.
90288	Botulism ig, iv	N.C.	N.C.
90291	Cmv ig, iv	N.C.	N.C.
90296	Diphtheria antitoxin	N.C.	N.C.
90371	Hep b ig, im	\$126.88	\$126.88
90375	Rabies ig, im/sc	\$142.08	\$142.08
90376	Rabies ig, heat treated	\$149.52	\$149.52
90378	Rsv ig, im, 50 mg (Requires prior authorization)	\$598.00	\$598.00
	Rsv ig, im, 100 mg (Requires prior authorization)	\$1,128.00	\$1,128.00
	Rsv ig, im, 150 mg (Requires prior authorization)	\$1,726.00	\$1,726.00
	Rsv ig, im, 200 mg (Requires prior authorization)	\$2,256.00	\$2,256.00
90379	Rsv ig, iv	N.C.	N.C.
90384	Rh ig, full-dose, im	N.C.	N.C.
90385	Rh ig, minidose, im	N.C.	N.C.
90386	Rh ig, iv	N.C.	N.C.
90389	Tetanus ig, im	N.C.	N.C.
90393	Vaccina ig, im	N.C.	N.C.
90396	Varicella-zoster ig, im	\$111.25	\$111.25
90399	Immune globulin	N.C.	N.C.

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N.C. – Not Covered

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Billing/Fee Schedule

Audiologic Function Tests

The audiometric tests listed below imply the use of calibrated electronic equipment. Other hearing tests are considered part of the general otorhinolaryngologic services and are not billed separately.

Procedure Code	Brief Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
92552	Pure tone audiometry, air	\$10.24	\$10.24
92553	Audiometry, air & bone	\$15.24	\$15.24

Fluoride Varnish Applications

State Unique Procedure Code	Description	7/1/02 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting
0122D	Application of fluoride varnish (Allowed up to three times in a 12-month period.)	\$18.93	\$18.93

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Billing/Fee Schedule



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